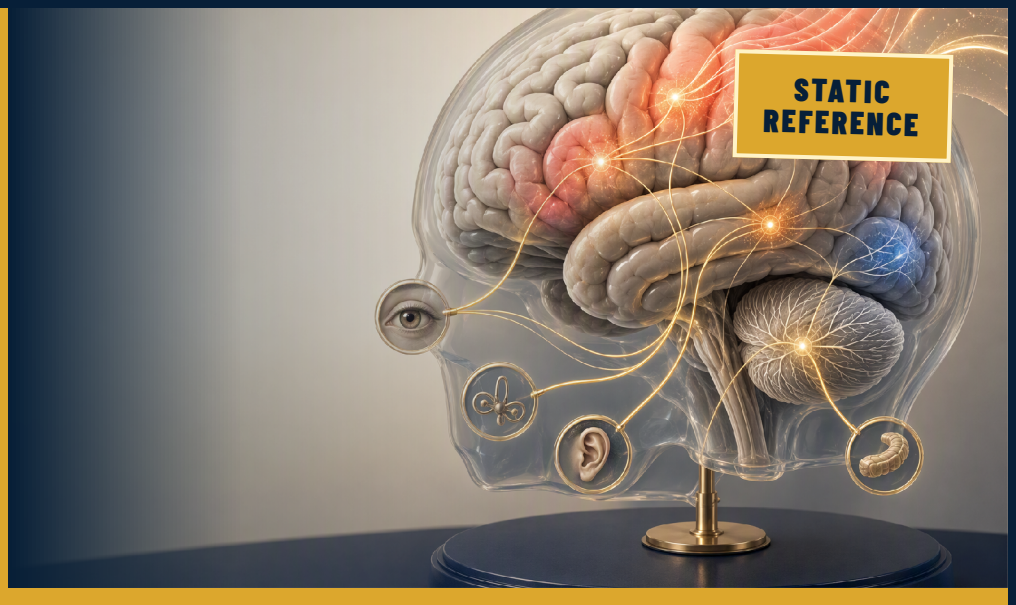
RATE MY VSO // VISUAL FIELD GUIDE

TRAUMATIC BRAIN INJURY

VA RATING GUIDE

Rate current TBI effects by the cognitive facets and by each separately diagnosed residual that does not overlap.



FACETS // RESIDUALS // NO OVERLAP

Rate current TBI effects by the cognitive facets and by each separately diagnosed residual that does not overlap.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 8045 SEPARATES THREE TBI AREAS

Cognitive and unclassified subjective residuals use the ten-facet table. A diagnosed mental disorder uses 38 CFR 4.130. Distinct physical residuals use their own codes without counting the same manifestation twice.

FACETS
The table evaluation follows the highest impairment level among the ten facets.

DISTINCT RESIDUALS
Use the proper code for diagnosed migraine, seizure, sensory, endocrine, or other residuals.

CURRENT FUNCTION
Acute mild, moderate, or severe classification does not set the current evaluation.

02 SERVICE-CONNECTION PATHS

DIRECT INJURY	Document the in-service blow, blast, fall, crash, penetration, or other external force and the current residuals.
DELAYED OR CONTINUING RESIDUAL	Connect the current cognitive, emotional, behavioral, or physical impairment to the established TBI.
SECONDARY TO TBI	Claim a distinct diagnosed residual separately when medical evidence links it to TBI and its manifestations do not overlap.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Memory, attention, or decision problems
- Headache
- Dizziness or balance problems
- Sleep change or fatigue
- Light or sound sensitivity
- Irritability, mood, speech, or communication change

04 BUILD THE RECORD

1. **INJURY RECORD**
   Mechanism, date, consciousness change, amnesia, acute treatment, imaging, and line-of-duty evidence.
2. **FACET EXAMINATION**
   Memory, judgment, interaction, orientation, motor and visual-spatial function, symptoms, behavior, communication, and consciousness.
3. **OBJECTIVE TESTING**
   Neurologic or neuropsychological testing, imaging, and sensory studies when indicated.
4. **DISTINCT DIAGNOSES**
   Migraine, seizure, mental, sensory, endocrine, nerve, or other residual identified.
5. **DAILY FUNCTION**
   Work, instrumental activities, self-care, relationships, safety, and supervision.
6. **OVERLAP MAP**
   Which manifestations belong to the facet table and which are separable under another code.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — CURRENT RESIDUAL NOT LINKED
The in-service injury was shown, but the present diagnosis or limitation was not medically connected to it.

B — FACET IMPACT TOO VAGUE
Symptoms were listed without objective testing or a clear description of work and daily functional impairment.

C — SEPARATE DIAGNOSIS MISSING
A claimed residual was not diagnosed or was left inside the TBI table when its own code should control.

D — OVERLAP COUNTED TWICE
The same cognitive, mental, headache, balance, or other manifestation supported multiple evaluations.

06 TBI MECHANISMS AND RESIDUALS TO EVALUATE

A diagnosis may be separate only when its manifestations can be distinguished from the TBI facet evaluation.

EVENTS THAT CAN CAUSE TBI

Blast exposure // vehicle crash // fall // training or sports impact // assault // penetrating injury

RESIDUALS TBI MAY PRODUCE

Migraine // seizure // vestibular disorder // hearing or vision effects // smell or taste loss // mental or cognitive disorder

07 DO THIS, NOT THAT

DO

- Map evidence to every affected facet.
- Name each distinct residual diagnosis.
- Document work, daily life, and safety effects.

DO NOT

- Use acute severity as the current rating.
- Assume every symptom belongs in one bucket.
- Count the same manifestation twice.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: NINDS TBI guidance and VA TBI examination framework. Rating rules: 38 CFR 4.124a, DC 8045. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.

TBI FIELD GUIDE